

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1364

State File No.

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 50 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Henry NIEDERAUER.

3. (b) If veteran, name war h 3. (c) Social Security No. h

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Niederauer. 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased February 10th, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 27 If less than one day
hr. min.

9. Birthplace Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation Kansas City Water Dept.

11. Industry or business (Blacksmith)

12. Name Not Known

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Niederauer

(b) Address 2455 Walrond Ave.

17. (a) Burial (b) Date thereof 1/9/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 1-8-42 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2455 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH 1942 Month Jan. day 10 7th 45 A. M.
year hour minute

21. I hereby certify that I attended the deceased from 1-2-42 to 1-7-42, 1942
that I last saw him alive on 1-7-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction due to adhesions

Due to 12.2.13

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signed H. M. Brown (M. D. or other)

Address K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.